Order ref. #4275

Order for Ghosh Shubhamoy, email: sghoshucla@ucla.edu, phone: 3106148536 (Sherin Devaskar Lab)

Order made on 2025/03/11 at 12:22 by Ghosh Shubhamoy

Account number to use: sdevaskar

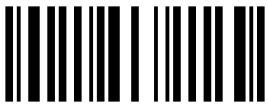
Affiliation: Internal 1

This order is not attached to a project.

Order phase: P1 - Work Order Review

Assigned to: nobody

TCGB-Increase quantity of needed Form to 1 then click Order		Unit price	Quantity	Price
#020591 oid:4275	Sequencing ONLY, Data Analysis ONLY, Other Services Form (service form)	0.00	1	0.00
TOTAL			**Quantity**	**Price**
			1.00	0.00



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Sequencing ONLY, Data Analysis ONLY, or Others Form

This form is to be completed if you are requesting services provided by TCGB.

TCGB Email Address: sequencing@mednet.ucla.edu

Mailing Address:

650 Charles E Young Drive South, CHS 38-123

Los Angeles, CA 90095-1735

Phone: (310) 206-3945

WHAT YOU SHOULD KNOW:

A. Fill in information requested below for project creation. Fields marked with * are mandatory. Insert 'N/A' if it is not applicable to your request.

B. A Sample Manifest is required for each work order. Sample Drop will be scheduled after a completed "Sample Manifest Template for TCGB Service" has been submitted.

Whom should we contact if we have questions regarding this project request?

Name:

Shubhamoy Ghosh, Bo-Chul Shin, Christiana Santiago

Email:

sghoshucla@ucla.edu, BShin@mednet.ucla.edu, ChristianaSantiago@mednet.ucla.edu

Phone Number (Lab/Personal):

310-903-6087,310-614-8536

PI Information

PI Name:

Sherin Devaskar

PI Email:

SDevaskar@mednet.ucla.edu

Billing Information

Which type of user are you?

(●) Internal (UCLA/UC)

( ) External (industry, non-profit)

FAU REQUIRED. Include any applicable Project Code and/or Source Code

Full Accounting Unit (FAU):

4-441362-SD-38652-ANYA-03-TCGB

Fund Manager E-mail:

JRetamoza@mednet.ucla.edu

Are you a JCCC Member?

○ Yes

◉ No

PO# REQUIRED. Quote will be created after submitting the request form. If no PO is available, please input N/A into the following fields. A copy of your PO will be needed prior to invoicing.

PO #:

left empty

Tax ID #:

left empty

Has an Short-Form Services Agreement (SFSA) been executed?

○ Yes

○ No

Please email sequencing@mednet.ucla.edu in order to initiate this agreement. This will be needed prior to the submission and acceptance of your samples.

SECTION 1: SAMPLE INFORMATION

Number of Samples:

15

Sample Origin/Species:

Mouse

Please use this section to reference your Project ID for libraries created by TCGB.

'S-25-0159;PPMS#3302,S-25-0187;PPMS#3496,S-25-2028;PPMS#3712,S-25-0238;PPMS#3780,S-25-0256;PPMS#3838,S-25-0265;PPMS#3889,S-25-0289;PPMS#4010 (Only CS-47-1) Please check the attached excel sheet.

'

Services requested (Select all that apply):

☑ Sequencing ONLY

☐ Data Analysis ONLY

☐ Custom Services

Please specify library type:

10x 3'GEX

Will Qubit and/or TapeStation be needed?

☐ Qubit

☐ TapeStation

■ Neither

SEQUENCING SERVICES

○ Oxford Nanopore (10-50 GB/Flow Cell)

○ Miseq (~12M for V2 kit; ~24M for V3 kit) - 150/300/500/600 Cycles

○ Nextseq V2 Mid Output (130M/Lane) - 150/300 Cycles

○ Nextseq V2 High Output (400M/Lane) - 75/150/300 Cycles

◉ Novaseq X Plus - 100/200/300 Cycles

○ DNBseq T7 (5000M/flow cell) - 50/150/200/300 Cycles

○ 2% Spike-in (6-8 M reads)

Please select Novaseq X Plus Flow Cell

○ 1.5B (2 Lanes, 750M/Lane) - 100/200/300 Cycles

○ 10B (8 Lanes, 1250M/Lane) - 100/200/300 Cycles

◉ 25B (8 Lanes, 3125M/Lane) - 100/200/300 Cycles

Sequencing Type (e.g.,2X50, 2X100, 2X150):

2x150

Sequencing Depth (e.g.,30M from each direction/sample, 2 lanes for all samples, etc.):

2 lanes

BIOINFORMATICS & DATA ANALYSIS

○ NGS Partial Data Analysis (for bulk sequencing)

○ NGS Full Data Analysis (for bulk sequencing)

○ Single Cell Analysis

○ Spatial Data Analysis

○ Custom Data Analysis

Please provide details regarding the data analysis requested:

left empty

Please specify custom service requested:

☐ Size Selection / Library Clean-Up

Please specify the fragment that you would like to remove:

left empty

☐ Covaris Fragmentation/Sonication

Please specify desired size:

left empty

☐ Use of ABI7500 (with 96 Well Plate)

Please let us know the PCR condition:

left empty

☐ QRT-PCR Analysis

☐ Other

Please specify service needed if not listed above.

left empty

Will Qubit and/or TapeStation be needed?

☐ Qubit

☐ TapeStation

Please specify genes for analysis:

left empty

Do you want us to synthesize primers?

○ Yes

○ No

Please provide primer concentration:

left empty

Please let us know the PCR condition:

left empty

DATA DELIVERY OPTIONS:

☐ BCL Files

■ FASTQ Files

☐ Basespace Ownership Transfer (recommended)

☐ FTP Data Transfer

☐ UCLA Box (for data <100GB)

☐ Hard Drive

☐ Other

☐ N/A

Please provide details regarding data delivery options:

left empty

SAMPLE MANIFEST

Provide your sample names, sample volume, and index sheet using the upload button below. If applicable, please also include nM concentration. Excel file preferred.

https://ppms.us/uclappms/getfile/?pf=2&id=826-675674C9

Please use this section to upload QC Data. .pdf file preferred.

left empty

We welcome any feedback on these new forms as we continue to optimize your experiment.

END OF FORM

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